



# Summer Day Camp

*Presented by the City of Chandler Recreation Division*



June 7-July 14, 2005  
Monday – Thursday  
8:30 a.m. to 3:30 p.m.

Frye Elementary School  
801 E. Frye Rd., in Chandler

**Camp Fee: \$200**

Registration deadline is  
April 29, 2005.

Registration is limited to the  
first 50 participants.

This camp is DDD approved or  
may be paid for privately.

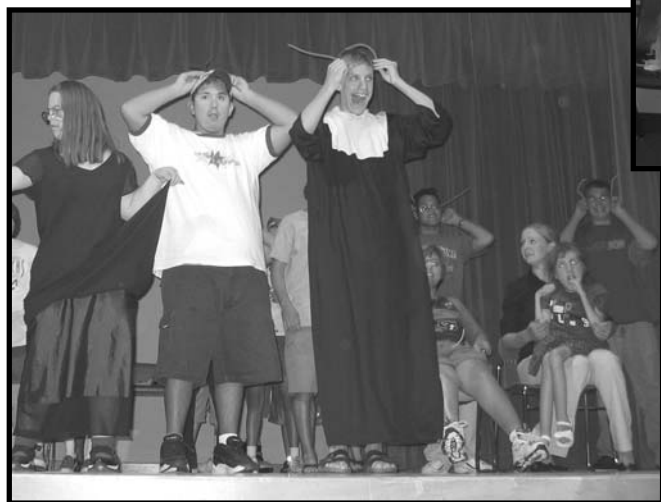
You **MUST** contact your  
DDD case manager about  
sending a voucher.



Please return this registration form and the  
\$200 registration fee by April 29, 2005, to:

City of Chandler Recreation Division  
Attn: Camp Challenge Registration  
Mail Stop 501, PO Box 4008  
Chandler, AZ 85244-4008

Call (480) 782-2709 for more information.



# *City of Chandler Recreation Division*

## **2005 Camp Challenge Summer Day Camp**

*Please fill this form out completely!*

Camper's Name: \_\_\_\_\_  
(last) (first) (m.i.)

Home Address: \_\_\_\_\_  
(street) (city) (zip code)

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ SS# \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Phone: \_\_\_\_\_

☐ I have enclosed a check

☐ My child is a DDD client and my caseworker will be sending a voucher –  
**registration will not be processed until voucher is received.**

**The following information is a guide to better understanding your camper's wants and needs.  
Please be as specific as possible with your answers.**

1. Last grade completed: \_\_\_\_\_ School name: \_\_\_\_\_ Teacher: \_\_\_\_\_

2. Has camper ever been in Camp Challenge before? ☐ YES ☐ NO  
When? \_\_\_\_\_

3. Other group experiences (scouts, clubs, etc.): \_\_\_\_\_

4. Does camper read and/or write? ☐ YES ☐ NO  
\_\_\_\_\_

5. What are some of the camper's favorite hobbies, interests, or activities? \_\_\_\_\_  
\_\_\_\_\_

6. What is the camper's medical diagnosis (cerebral palsy, mental retardation, spina bifida, autism, etc). If mentally retarded please indicate mild, moderate, or severe. \_\_\_\_\_

7. Can camper walk? ☐ YES ☐ NO  
If yes, does camper: ☐ Need assistance? ☐ Use crutches? ☐ Use a walker?  
If no, does camper: ☐ Use a manual wheelchair? ☐ Use electric wheelchair? ☐ Propel self in chair?

8. Does camper wear braces or other type of AFO? ☐ YES ☐ NO  
If yes, what type and for what period of time? \_\_\_\_\_

What special equipment will camper bring to camp? \_\_\_\_\_  
\_\_\_\_\_

9. Does camper feed him/herself? ☐ YES ☐ NO  
Does camper have any special feeding equipment needs? ☐ YES ☐ NO  
\_\_\_\_\_  
\_\_\_\_\_

10. Describe any vision impairments: \_\_\_\_\_  
\_\_\_\_\_

11. Describe any hearing impairments: \_\_\_\_\_  
\_\_\_\_\_

12. Describe any communication difficulties: \_\_\_\_\_  
\_\_\_\_\_
13. Describe special toileting needs.: \_\_\_\_\_  
\_\_\_\_\_
14. Does camper have seizures or black outs? \_\_\_\_\_  
\_\_\_\_\_
15. Does camper display any special behaviors? ☐ YES ☐ NO  
Describe: \_\_\_\_\_
16. Please describe any personal hygiene assistance needed: \_\_\_\_\_  
\_\_\_\_\_
17. Other pertinent information that would help our staff in working with the camper: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Does camper take any medications? ☐ YES ☐ NO

If yes, please complete the chart below (use additional paper if needed and attach to registration form):

<u>Name of medication</u>	<u>Dosage</u>	<u>Time of administration</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### **Hold Harmless and Medication Agreement Form**

This is my permission for \_\_\_\_\_ (camper's name) to participate in the Camp Challenge Program from June 7, 2005, through July 14, 2005. I understand that the program will be held at Frye Elementary School, 801 E. Frye Rd., Chandler, Arizona.

I hereby, for myself, my heirs, executors, administrators and assigns, assume all risks and waive any and all claims for damages or injuries, and release the City of Chandler, their agents or assigns, from any and all injuries suffered by said person which may arise of or in connection with participation in this recreation activity. I authorize the City of Chandler Parks and Recreation staff to secure medical treatment if necessary in the event of an emergency, and to dispense medication if required.

I authorize the City of Chandler Parks and Recreation staff to dispense prescribed medication that my son/daughter is taking during the operational hours of Camp Challenge (if applicable).

\_\_\_\_\_  
Parent, legal guardian, or participant (if over 18) signature

\_\_\_\_\_  
Date

### **Photo Release (optional)**

I also grant permission to the City of Chandler Parks and Recreation Division to use the likeness, voice, and words of the above in T.V., newspaper, film, video or other media, for the purpose of promoting the Camp Challenge program.

\_\_\_\_\_  
Parent, legal guardian, or participant (if over 18) signature

\_\_\_\_\_  
Date